Image# 201804169108269671				04/10/2018 19.52
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 🗕
			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Angie Chirino F	or Congress			
ADDRESS (number and street)	8210 SW 138th Ave			
(Check if address is changed)				
(c c	Miami		FL 33	3183
	CITY 🔺		STATE 🔺	ZIP CODE▲
COMMITTEE'S E-MAIL ADD				
(Check if address is changed)	angiechirino305@gma			
	Optional Second E-Mail Ad Visionrealtyfiu@gma	dress il com		
COMMITTEE'S WEB PAGE / (Check if address is changed)	ADDRESS (URL)			
2. DATE 01	03 / Y Y Y Y 2018			
B. FEC IDENTIFICATION	NUMBER ► C c	00664763		
I. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	I this Statement and to the best	of my knowledge and belief i	t is true, correct an	d complete.
ype or Print Name of Treas	urer Mirabent, Jorge, , Mr.,			
Signature of Treasurer M	irabent, Jorge, , Mr.,	[Electronically Filed]	Date 04	/ D D / Y Y Y 16 2018
IOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		e penalties of 2 U.S.C. §437
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)

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TYPE OF	COMMITTEE
Candida	te Committee:
(a) 🗶	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	Chirino, Angie, , ,
Candidate Party Affilia	ation REP Office Sought: X House Senate President District 27
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	ommittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fur	ndraising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Co	mmittees Participating in Joint Fundraiser
1.	
2.	FEC ID number
3.	FEC ID number
4.	

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Write or Type Committee Name

Angie Chirino For Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N			
	Mailing Address		
		CITY	STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee J	oint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number opt	ional) and position of the person in possession of committee
	Mirabent, S	lorge, , Mr.,	
	Mailing Address	1791 Bay Drive	
		Miami Beach	FL 33141
	Title or Position	CITY	STATE ZIP CODE
	Treasurer		305 496 2918 Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Mirabent, Jorge, , Mr.,
Mailing Address	1791 Bay Drive
	Miami Beach
	CITY STATE ZIP CODE
Title or Position	305 496 2918 Telephone number - -

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Full Name of Designated Agent	Fiol, Juan, I	E.,,				I																
Mailing Address		8210 SW 138th A	Ave																			
		Miami										F	L		Ľ	3318	33			·		
				CITY	/							STA	ΤE					ZIP	COI	DE		
Title or Position	iger							Tele	epho	one	num	ıber		7	86			306			531	18

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells F	Fargo		
Mailing Address	1622 SW 27th Ave		
	Miami	FL 33135	5
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE